838 Practice of Preventive Cardiology With Presentation of ACCEPT and EuroASPIRE Studies: Highlighted Abstract Session

Tuesday, March 31, 1998, 8:30 a.m.–10:00 a.m.
Georgia World Congress Center, Room 264W

8:30

838-1 The American College of Cardiology Evaluation of Preventive Therapeutics (ACCEPT) Study: Attainment of Goals for Comprehensive Risk Reduction in Patients With Coronary Disease in the US

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The American College of Cardiology and American Heart Association have jointly published guidelines for the comprehensive reduction in risk in patients with coronary heart disease (CHD), but the extent to which they are implemented in the U.S. is poorly defined. To study this, the ACCEPT Study selected a random sample of 50 U.S. hospitals, and identified >5000 consecutive patients admitted for first coronary bypass surgery (26%), first angioplasty (36%), acute myocardial infarction (23%), or acute myocardial ischemia (15%). Data were collected by medical record review to assess interventions started in the hospital, and an interview, physical examination, and blood sample was obtained at least six months after discharge to assess which interventions were subsequently initiated and whether goals were attained. Substantial prevalences of smoking, elevated blood pressure (>140/90 mmHg.), and elevated LDL cholesterol (>100 mg/dl) were still observed six months after discharge. Aspirin usage was widespread, but substantial numbers of patients were still not receiving beta blockers, lipid-lowering agents, or estrogen (in women). Missed opportunities to implement the AHA/ACC guidelines were identified at inpatient, ambulatory care, and patient levels. Further analysis of ACCEPT data will identify barriers which, if rectified, will serve to optimize cardiologic care in these high risk patients.

8:55

838-2 European Action on Secondary Prevention by Intervention to Reduce Events

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European recommendations on coronary prevention made jointly by the European Society of Cardiology, European Atherosclerosis Society and European Society of Hypertension, proposed patients with coronary heart disease, or other major atherosclerotic disease, as the top priority for action. Yet a nine country European Survey (EuroASPIRE), conducted under the auspices of the European Society of Cardiology, found recording and management of risk factors was less than optimal and considerable potential exists to reduce the risk of future morbidity and mortality. The survey was undertaken in the following countries: Czech Republic, Finland, France, Germany, Hungary, Italy, Netherlands, Slovenia and Spain. 4866 patients records were reviewed and 3569 patients interviewed. In patients who had had coronary artery surgery or PTCA, or had been admitted to hospital with a myocardial infarction or ischaemia without evidence of infarction the overall prevalence of smoking six or more months after discharge from hospital was 19%. 53% had hypertension, 44% elevated cholesterol and 18% had diabetes. Of those patients on antihypertensive therapy only 59% had a SBP < mmHg. In the minority on lipid lowering therapy 39% had a total cholesterol > 5.5 mmol/l, and 82% > 4.5 mmol/l. Apart from anti-platelet therapy, which was commonly (81%) used, there was considerable heterogeneity in the use of beta-blockers (35% to 78%), ACE inhibitors (17% to 46%) and lipid lowering drugs (22% to 42%) between centres.

So the challenge in preventive cardiology is to bring about real lifestyle changes in our patients and to measure and manage, where appropriate with drugs, blood pressure and lipids more effectively. In those with established coronary heart disease the use of prophylactic drug therapies – aspirin, beta-blockers, cholesterol lowering agents, ACE inhibitors and anticoagulants – is also justified in selected patients to improve survival. To achieve all of this preventive cardiology requires professional recognition and resources.

9:15

838-3 Regional Variation in the Prescription of Lipid Lowering Therapy in Patients With Coronary Artery Disease

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It is unclear why the prescription of lipid lowering therapy (rx) is low in patients (pts) with coronary artery disease (CAD). We examined an administrative data set containing chart audits on 125,433 outpts with CAD (ICD9 code 410–414) from 274 US cardiology and multispecialty practices to determine the predictors of the prescription of rx. After exclusions due to incomplete data or lack of consent, 48,586 patient charts from 140 practices were analyzed. The majority of practices, 75%, were cardiology only practices. Geographically, 49% of practices were in the South, 19% in the Northeast (NE), 18% in the Midwest (MW), and 14% in the West. The mean age of the cohort was 68 ± 0.1 yrs and 36% were women. MI or CABG was documented in 49.8% of pts. Overall, 39% of pts were on rx. Adjusting for age, gender, and LDL measurement, multivariate analysis indicated that documentation of MI or CABG-OR 1.38 (1.32–1.43), cardiology only practice-OR 1.14 (1.08–1.19), and geographic region predicted the prescription of rx, $p < 0.01$. Compared to the South, pts from the MW were most likely to be treated-OR 1.38 (1.30–1.45), followed by the NE-OR 1.08 (1.03–1.14), and the West-OR 1.05 (0.99–1.11). This suggests that region of the country and practice specialty in addition to pt age and severity of illness influences prescription of lipid lowering therapy.

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838-4 Lipid Lowering Therapy in CAD Patients at Academic Medical Centers: Undertreatment and Evidence of a Gender gap

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Randomized controlled studies have unequivocally demonstrated that lipid lowering therapy (LLT) reduces cardiovascular events in patients with coronary disease (CAD). We examined the prevalence of LLT use in PREVENT, a prospective randomized study of amlodipine (Norvasc®) assessing vascular events in CAD patients (n = 825). Women comprised 20% of the study cohort. Mean lipid levels are shown (Table). Although prevalence of LLT use increased yearly, a higher percentage of LLT use was always observed in men ($p < 0.05$); 1993: 31% vs 26%, 1996: 56% vs 44%. The percentage of patients with LDL < 100 mg/dL was low in both men and women: 1994: 17% vs 7%, 1996: 20% vs 14%. These data reveal that at major U.S. and Canadian Academic Medical Centers, there is a gender gap in LLT use among CAD patients. Moreover, the vast majority of men and women receiving LLT are not aggressively treated to the desirable LDL level (< 100 mg/dL) recommended by the National Cholesterol Education Program. These results extend previous data linking gender differences in CAD management strategies and highlight the paucity of aggressive LLT in high risk patients.

Mean Lipid Levels by Calendar Year

Year	TC	LDL	HDL	TG	% LDL < 100
1994	219	135	49	181	15
1995	214	129	50	185	15
1996	207	125	45	185	19

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838-5 Coronary Angiography Results Have Minimal Impact on Use of Lipid-Lowering Agents in Women: Pilot Phase Data From WISE

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Background: According to National Guidelines, intensity of lipid-lowering therapy should be matched to risk status with an LDL cholesterol goal of <100 mg/dl among those with CAD.

Purpose: To assess the impact of coronary angiography results on use of lipid-lowering agents (LLAs) among women enrolled in WISE (The Women's Ischemia Syndrome Evaluation Study).

Methods: WISE is a multicenter study designed to evaluate new diagnostic modalities among women who undergo angiography for suspected CAD. Lipids are measured at baseline and use of LLAs is ascertained at baseline and 6 weeks later.